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CONFIRMATION NO. 9969

SERIAL NUMBER 09/883,839	FILING DATE 06/18/2001 RULE	CLASS 435	GROUP ART UNIT 1634	ATTORNEY DOCKET NO. 600-1-266
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APPLICANTS

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** CONTINUING DATA ****
JS
 This appln claims benefit of 60/212,225 06/16/2000

** FOREIGN APPLICATIONS ****
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 07/19/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 20	TOTAL CLAIMS 58	INDEPENDENT CLAIMS 11
Verified and Acknowledged Examiner's Signature	Initials				

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TITLE

Alleles of the human mu opioid receptor, diagnostic methods using said alleles, and methods of treatment based thereon

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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